## **DECLARATION AND POWER OF ATTORNEY**

Docket No.: 478.1079

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled
DRY POWDER INHALER
the specification of which (check one)
is attached hereto
was filed on September 15, 2004 as International Application Serial No. PCT/GB2004/003940 .
I hereby authorize and request our attorneys, Davidson, Davidson & Kappel, LLC of 485 Seventh Avenue, New York, New York 10018 to insert here in parentheses (application number
filed) the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information that is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code, §119 of any foreign and/or provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign and/or provisional application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

0321609.0 Number	Great Britain Country	15 September 2003  Day/Month/Year Filed	Priority claimed    Control   Contro
Number	Country	Day/Month/Year Filed	Priority claimed  Claimed  Yes  No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial Number	Day/Month/Year Filed	Status
Application Serial Number	Day/Month/Year Filed	Status

And I hereby appoint Clifford M. Davidson, Reg. No. 32,728, Leslye B. Davidson, Reg. No. 38,854, Cary S. Kappel, Reg. No. 36,561, William C. Gehris, Reg. No. 38,156, Morey B. Wildes, Reg. No. 36,968, Robert J. Paradiso, Reg. No. 41,240, Erik R. Swanson, Reg. No. 40,833, Thomas P. Canty, Reg. No. 44,586, and all other registered attorneys and agents at Davidson, Davidson & Kappel, LLC, U.S. Patent and Trademark Office Customer Number 23280, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14th Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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## **DECLARATION AND POWER OF ATTORNEY**

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Docket No.: 478.1078 Full name of Full name of additional Inventor Stephen William EASON additional Inventor Inventor's Inventor's signature signature Date Date Diss, Norfolk Residence Residence The Prioriy, Half Moon Lane Redgrave, Diss Post Office Post Office Norfolk, IP22 1RX Address Address **United Kingdom** Citizenship Citizenship Full name of Full name of \ additional Inventor additional Inventor Inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship Full name of Full name of additional Inventor additional Inventor Inventor's Inventor's signature signature Date Date Residence Residence Post Office Post Office Address Address Citizenship Citizenship